



2009

**Massachusetts
Department of
Revenue**

Form MDCTC Medical Device Credit Transfer Certificate

For calendar year 2009 or taxable year beginning**and ending**

Name of purchasing company/transferee

Federal Identification or Social Security number

Street address

City/Town

State

Zip

Name of medical device company/transferor

Federal Identification or Social Security number

Street address

City/Town

State

Zip

1 Certificate number issued by Massachusetts Department of Revenue**1****2** Amount of medical device credit transferred**2****3** Date certificate issued**3****Expiration Date.** The credit transferred must be used within five years of the issuance of this certificate, after which period the credit will expire.**4** Date credit will expire**4****No Additional Transfer or Sale**

Medical device credits transferred to a purchasing company/transferee may not be resold.

Tax Return Filing

A purchasing company/transferee receiving this Medical Device Credit Transfer Certificate must enter the above certificate number on the appropriate line of its Massachusetts tax return if using any part of the credit in line 2 above on its return.

Department of Revenue FilingAll credit information should be mailed to: **Massachusetts Department, Audit Division, 200 Arlington Street, Room 4300, Chelsea, MA 02150, attn: Medical Device Unit.**